Management of Bloating in Irritable Bowel Syndrome

In most cases abdominal pain and bloating are present together
Much of the abdominal pain in IBS relates to gaseous distension of the bowel and visceral hypersensitivity
Gas is generated by bacterial fermentation of starchy carbohydrates in the gut and some patients will be more prone to gas production than others (determined by their natural gut flora)

## Approach to Treatment

Visceral hypersensitivity is an important concept in IBS
Explaining that the pressure and stretch sensors in the bowel are set at a lower threshold in IBS can be helpful in explaining the nature of symptoms and why some treatments (eg low dose tricyclic antidepressants) are effective

- For any given change in pressure in the bowel, people with IBS are more likely to sense that change and more likely to interpret it as uncomfortable or painful

Â Give general lifestyle advice eg Lifestyle and foods in IBS Patient Information Leaflet

**Discuss dietary changes**

- Give “Foods & IBS” Patient Information Leaflet
- Assess fibre intake and consider REDUCING it
- Note that an increase in otherwise very “healthy” insoluble fibre may cause more wind, bloating and abdominal pains
- Increasing water soluble fibre such as oats or linseeds may be better tolerated
- Advise regular porridge or trying up to a tablespoon of linseeds scattered on foods
- Linseeds are readily available in the “nuts and seeds” sections of all large supermarkets
- If this fails to help refer to the NICE/British Dietetic Association IBS advice leaflet
- Consider a trial of a probiotic drink or yoghurt (containing at least 1x106 organisms) for at least 4 weeks. Stick with the same brand but the choice of brand is up to the patient
- Cut down on resistant starches (see 'Resistant starches are foods prone to bacterial fermentation generating intestinal gas' section below)
- If no response to these diet sheets consider a formal referral to Dietetics who may offer a low FODMAP diet
- FODMAP (or Fermentable Oligo, Di- and Monosaccharides and Polyols) are complex food carbohydrates which are poorly absorbed and thus undergo extensive bacterial fermentation in the gut. This causes a variety of symptoms including bloating, abdominal pain and reduced intestinal transit times. Reducing dietaryÂ  FODMAPs can be highly effective but the diet is very restrictive (essentially a gluten free diet PLUS excluding a number of common vegetables) and can be expensive. Patients need to be well motivated and aware of these facts. Local experience has shown that very few people require the very intensive dietetic input associated with a low FODMAP diet. Dietetics will screen referred patientsÂ  by a telephone call and

decide on most appropriate intervention

## Resistant starches are foods prone to bacterial fermentation generating intestinal gas

- (pulses, whole grains, sweetcorn, green bananas and bran,
- undercooked or reheated potato or maize/corn,
- oven chips, crisps, potato waffles, fried rice,
- part-baked and reheated breads, such as garlic bread, pizza bases,
- potato or pasta salad, biscuits and cakesÂ
- ready meals, dried pasta)

## Pharmacologic

- Antispasmodics may help with pain but less likely to help bloating
    - Peppermint oil capsules (1-2 caps tid before meals)
    - Mebeverine (135mg tid before meals)
    - Hyoscine (20mg qid)

- Consider tricyclic antidepressant (amitriptyline or imipramine 10mg nocte for 1 month, rising to 20-30mg nocte thereafter if no response) [imipramine is less sedating than amitriptyline]
- Consider SSRI (sertraline 50mg od or fluoxetine 20mg od)*
- Tricyclic antidepressants (amitriptyline or imipramineł 10mg nocte for 1 month, rising to 20-30mg nocte thereafter if no response)*Â  are not licensed for use in IBS but their use is sanctioned by the BNF and they have long track record in alleviating abdominal pain and diarrhoea in IBS
- Tricyclic antidepressants or SSRIs should be discontinued after 3 months if there has been no evidence of benefit at the doses stated
- Where there is clear clinical improvement, treatment can be continued for 6-12 months before a trial of discontinuation

*This is an unlicensed indication